

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/83126
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		X	X
2		/		/		
3		/		/		
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TOTAL IND.	4	↓	4	↓	4	↓
TOTAL DEP.	11	↓	11	↓	5	↓
TOTAL CLAIMS	15		15		9	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS